

STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING PROGRAM



APPLICATION FOR MANUFACTURED HOME/MOBILEHOME/COMMERCIAL MODULAR
MANUFACTURERS, DISTRIBUTORS, DEALERS AND SALESPERSONS
(PART B)

SECTION 1 - PERSONAL INFORMATION (Print or Type)

NAME _____
Last First Middle
RESIDENCE ADDRESS _____
Number and Street City State ZIP Code
TELEPHONE (____) _____ (____) _____
Business Home
PHYSICAL DESCRIPTION _____ / _____ / _____ / _____ / _____ / _____
Sex Hair Color Eye Color Height Weight Birth Date

SECTION 2 - EMPLOYMENT HISTORY

ALL APPLICANTS: LIST EMPLOYMENT RECORD (INCLUDING PERIODS OF UNEMPLOYMENT, MILITARY SERVICE OR SCHOOLING) FOR THE PAST 5 YEARS, WITH THE MOST RECENT SHOWN FIRST. IF NECESSARY, ATTACH AN ADDITIONAL SHEET TO PROVIDE ALL REQUESTED INFORMATION.

FROM		TO		TITLE AND DUTIES PERFORMED	EMPLOYER'S NAME, ADDRESS. TYPE OF BUSINESS
MO.	YR.	MO.	YR.		

☐ CHECK IF AN ADDITIONAL SHEET IS ATTACHED TO PROVIDE THE REQUESTED INFORMATION

SECTION 3 - EDUCATION FOR DEALER APPLICANTS ONLY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY TYPE DEGREE EARNED DATE DEGREE GRANTED

Explain how your experience and/or education qualify you to be issued an occupational license pursuant to Health and Safety Code 18050.7. If necessary, attach an additional sheet to provide all requested information.

☐ CHECK IF AN ADDITIONAL SHEET IS ATTACHED TO PROVIDE THE REQUESTED INFORMATION

SECTION 4 - PERSONAL HISTORY QUESTIONNAIRE

READ AND ANSWER EACH QUESTION CAREFULLY. IF NECESSARY, ATTACH AN ADDITIONAL SHEET TO PROVIDE ALL REQUESTED INFORMATION.

1. Have you previously been or are you now licensed in any state as a manufactured home, mobilehome or commercial modular salesperson, distributor, dealer, manufacturer or transporter, etc.? YES ____ NO ____

If yes: LICENSE NO. TYPE ISSUED EXPIRATION DATE STATE

2. Have you previously been or are you now in possession of an Occupational License (contractor, real estate salesperson or broker, vehicle salesperson, etc.)? YES ____ NO ____

If yes, disclose the name you used (if different than shown in Section 1), the name of the State and issuing department, and type of license:

☐ CHECK IF AN ADDITIONAL SHEET IS ATTACHED TO PROVIDE THE REQUESTED INFORMATION

SECTION 4 - PERSONAL HISTORY QUESTIONNAIRE (Continued)

3. Do you hold a valid California Driver License? YES ____ NO ____

If yes, list the license number _____

4. Have you ever been known by or used any name other than the name appearing in Section 1 of this questionnaire? YES ____ NO ____

If yes, list all names: _____

5. Have you had a business or occupational license refused, revoked, suspended or subject to other disciplinary action or were you ever a Partner, Officer, Director or Stockholder in a firm whose license was refused, revoked, suspended or subject to other disciplinary action in the past five (5) years? YES ____ NO ____

If yes, disclose the name you used (if different than shown in Section 1), the firm's name, the name of the State and issuing department, and the type of license: _____

6. Have you had any civil judgments rendered against you within the past five (5) years? YES ____ NO ____

If yes, were any of the judgments a result of your activity under any occupational license? YES ____ NO ____

If yes, on a separate sheet, disclose for each case the name you used (if different than shown in Section 1), the name of the State and court, the department and type of license, the amount and date of the judgment and whether or not the judgment has been paid.

7. Were you an Owner, a Partner, Officer, Director, Controlling Stockholder or General Manager in a firm that had a civil or criminal judgment rendered against it within the past five (5) years? YES ____ NO ____

If yes, on a separate sheet, disclose for each case the name you used (if different than shown in Section 1), the firm's name, the name of the State, the name and address of the court, the amount and date of the civil judgment or criminal penalty and whether or not the judgment or penalty has been paid.

8. Have you declared bankruptcy or were you an Owner, a Partner, Officer, Director or Controlling Stockholder in a firm that declared bankruptcy within the past five (5) years? YES ____ NO ____

If yes, disclose the name you used (if different than shown in Section 1), the firm's name, the date bankruptcy was filed, and the name and address of the court. _____

9. Excluding traffic offenses, have you ever been convicted, fined or placed on probation for any crime or offense, either felony or misdemeanor? YES ____ NO ____

If yes, list each separate offense below - even if you were pardoned or if the offense was expunged from the record of the court. If you are currently on probation or parole, show the name and address of your probation or parole officer.

DATE OF CONVICTION	NATURE OF OFFENSE	COURT AND JURISDICTION (FULL NAME AND ADDRESS)	DISPOSITION OF OFFENSE (DESCRIBE SENTENCE)			
			Amount Fined	Term of Probation	Jail or Prison Term	Date Released

☐ CHECK IF AN ADDITIONAL SHEET IS ATTACHED TO PROVIDE THE REQUESTED INFORMATION

SECTION 5 - CERTIFICATION BY APPLICANT

I certify under penalty of perjury that the answers and information contained herein and any attachments hereto are true and correct to the best of my knowledge and belief. I acknowledge that I am not authorized to act in the capacity of a licensee until I receive a Temporary Permit or License from the Department.

SIGNATURE _____ DATE _____

EXECUTED IN THE COUNTY OF _____ STATE OF _____